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BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

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To: Members of the
**ADULT AND COMMUNITY POLICY DEVELOPMENT AND SCRUTINY
COMMITTEE**

Councillor Judi Ellis (Chairman)
Councillor Roger Charsley (Vice-Chairman)
Councillors Reg Adams, Ruth Bennett, Peter Fookes, William Huntington-Thresher,
Diana MacMull, Charles Rideout and Diane Smith

Non-Voting Co-opted Members

Dr Angela Bhan, Bromley Primary Care Trust
Angela Clayton-Turner, Bromley Mental Health Forum
Richard Lane, Learning Disability Forum
Leslie Marks, Bromley Council on Ageing
Keith Marshall, Disability Voice Bromley
Lynne Powrie, Carers Bromley
Gill Rose, Bromley Federation of Housing Associations

A meeting of the Adult and Community Policy Development and Scrutiny Committee
will be held at Civic Centre on **MONDAY 4 APRIL 2011 AT 6.00 PM**

MARK BOWEN
Director of Legal, Democratic and
Customer Services.

*Copies of the documents referred to below can be obtained from
www.bromley.gov.uk/meetings*

A G E N D A

PART 1 AGENDA

Note for Members: Members are reminded that Officer contact details are shown on each report and Members are welcome to raise questions in advance of the meeting.

STANDARD ITEMS

1 APOLOGIES FOR ABSENCE AND NOTIFICATION OF ALTERNATE MEMBERS

2 DECLARATIONS OF INTEREST

3 SLAM - LEARNING FROM ABSCONDING (Pages 3 - 8)

This issue will be considered jointly with the Public Protection and Safety PDS Committee.

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Behavioural and Developmental Psychiatry Clinical Academic Group (CAG)

Learning from Absconding

Bromley Public Protection Scrutiny Committee

4 April 2011

Bromley Public Protection Scrutiny Committee

4 April 2011

Learning from Absconding - April 2009 to date

1. Introduction

This paper outlines the progress made over the last 12 months with regard to public safety programmes, police liaison and improving safe and therapeutic leave for forensic clients at the Bethlem Royal Hospital. This is the second paper presented by the South London and Maudsley NHS Foundation Trust (SLaM) to the Bromley Public Protection and Scrutiny Committee, the first being on 17 March 2010 following concern expressed by Borough councillors regarding the abscond of client PG and the subsequent police search for her.

The 2010 paper introduced the new Buddi tracking system and explored the early findings from the Phase 1 pilot in late 2009 and introduced in early 2010. The Phase 2 roll out across the wards was successful and by the beginning of April 2010 teams were using 100 Buddi trackers to support individual risk assessment and the use of therapeutic leave. Section 3 of this paper explores the 11 months of learning to date on the impact of the Buddi system and leave arrangements with our clients.

2. Improving Liaison and Joint Working

Significant progress has been made over the last 12 months between the teams at the Bethlem Royal Hospital (BRH) and Bromley Police. There have been two significant initiatives to address the way assaults (and other offences) committed by inpatients on psychiatric wards are dealt with. Historically, assaults were rarely reported by staff to the police, often because of a perception that little would happen. When assaults were reported there was often a perception that the patient was already in the best place and that prosecution would not be in the public interest. The two initiatives are as follows:

Vulnerable Adults team

In 2010, Bromley Police assigned DI David Smith to work alongside the BRH team to help identify areas where joint working and Police engagement might add benefit. His experience of vulnerable adults working, domestic violence and MAPPA enabled a positive focus on police procedure and processes. The secondment of a Detective Constable to the Bethlem site enabled a stronger focus on interview, caution and charging of individuals involved in violent assault and other activities on the BRH site. The team has worked with the Trust to develop the Buddi protocol and test Police response to tagged clients returning late from leave. The team have worked with BRH staff on joint training for Police and hospital personnel in Buddi tracker incident response.

Following the success of this initiative, a second Detective Constable is to be appointed to the vulnerable adults team. SLaM has agreed to fund 50% of the costs.

Mobile Custody Unit

This year, Bromley Police worked with Transport for London (TfL) to test the use of a Mobile Custody Unit in the grounds of River House to process and interview patients accused of committing offences. The bus includes an interview room, custody suite and finger print room and provides a police environment for interviewing clients under caution for offences committed on site. The bus is on site for two days per month (2010/11) and will be available for 4 days per month from April 2011.

Bromley Police work in liaison with the NHS Security Management Service (SMS), which has a remit to protect NHS staff and resources. SMS have issued guidance on violence in hospitals, have worked towards standardising prevention and management of violence and aggression training with the Promoting Safe and Therapeutic Services (PSTS) training and devised the role of the Local Security Management Specialist (LSMS). The LSMS role is to monitor incidents, identify and address root causes and to support staff who have been assaulted. In particular this support can extend to police liaison, taking witness statements and preparing a prosecution case for going to court. In the event of a Crown Prosecution Service (CPS) decision not to take a case forward, the LSMS is able to prepare the case and seek funding for a barrister to take the case to court without CPS support.

In May 2009 there was a serious assault on a nurse by a patient in River House. The nurse received serious facial injuries that have prevented him from returning to work in a clinical environment. The patient was subsequently transferred to Broadmoor high secure hospital. This case was very important to all involved, not least the victim, and many people were involved both within SLaM and Bromley Police to ensure the case made it to court. On February 25, 2011, the patient was successfully convicted of GBH with intent, with a prison sentence of 6 years.

This result is a testament to the changing culture within the NHS, Police and CPS and to the hard work of the investigating officers and the SLaM LSMS.

3. Introducing the “Buddi” tracking system

The Trust took delivery of the first set of Buddi devices on 1st March 2010 which are now being used for patients with moderate to medium risk granted leave outside the perimeter fence. The device is also being used on patients of higher risk who have restricted leave to attend court or specialist medical appointments. The Trust successfully piloted the use and development of the technology between September and November 2009 and is assured that the device will complement the current arrangements for leave management.

The ‘Buddi’ is a state of the art tracking device for use with mental health patients. These tracker devices have a much broader range of capabilities than even the current “tagging” technology used in the Criminal Justice system.

The “Buddi” tracker device enables the location identity and tracking of anyone wearing them to within 50 metres. Monitoring is available 24/7 and all year round. High risk patients may be monitored in real time. The system records and time logs movements so it is possible to track someone’s journey and timescale, at any point in their leave. The devices are tamper proof and alert the monitoring system of any

attempt at removal. Exclusion zones and time limits can be set through the device monitoring system.

4. Incidents occurring during leave

Table 1 : Summary of Perimeter and Leave Breaches in SLAM Secure services

Year	Escape	Attempted Escape	Abscond	Failure to Return	Misc other*
2008	0	2	5	1	0
2009	0	0	8	6	0
2010	0	0	4	7	3
2011 to date	0	0	0	3	0

The number of incidents occurring during leave from River House have more than halved since the introduction of the Buddi system. The percentage of “abscond” incidents (where a patient purposefully removes themselves from the supervision of a nurse escort whilst out on leave) have almost halved whilst the actual number of abscond incidents has reduced by 80%. This is an important achievement given that, whilst all patients with authorised leave are given leave as they are assessed as low risk, those patient who are escorted are less tested in a leave environment than those who have progressed to unescorted leave.

In September 2010, patient AR tested the Buddi system on 4 occasions whilst on unescorted leave. His desire to remain at River House and not be discharged from care prompted him to fail to return from his evenings out. On each occasion the Trust and Bromley Police were able to observe his movements via the live tracker feed and returned him to the hospital. Client AR has been successfully discharged and his attempts to avoid this were averted.

The use of the Buddi has enabled a more open conversation with clients about risk and their ability to be trusted and use their leave well. By the end of March 2011 it is likely that levels of leave for River House clients will be 85% higher than in the previous financial year. When the Trust presented leave statistics in March 2010 it was noted that in 12285 leaves for the year the level of risk (of abscond or fail to return) was 0.5%. by the end of March 2011 it is estimated that leave levels for the year will have reached 22719 leaves, with a risk rate of 0. 07%.

On this basis our risk rate has dropped by 90% since March 2010.

Clients will proceed through a phased leave process, periods of escorted ground leave and escorted community leave through to unescorted leave. The majority of these patients use a Buddi tracker to support them through this process. Once they have completed a period of unescorted leave with the tracker and as they approach their discharge date they will have periods of unescorted leave without a Buddi tracker. This period is very challenging for many of our patients. The care and environment might feel the most supportive that they have received and the steps towards discharge can be frightening.

This winter, two patients (KH and LZ)) failed to return from their unescorted leave and spent up to 3 days away from care. Both presented themselves back to services and were well on their return to the ward. Neither was wearing a Buddi as they were in the pre discharge phase of their stay. Both required police engagement as we were concerned about their welfare. A media alert was issued for KH, owing to his vulnerability and so for the first time the Trust escalated our communications protocol for emailed briefings to the lead Bromley councillors and Director of Social Care.

Jill Lockett – Service Director, Behavioural and Developmental Psychiatry CAG and Bethlem Royal Site Director

Dave Hearn – B&D CAG Security Lead

DI Dave Smith – Bromley CID Liaison and Vulnerable adults lead

21 March 2011

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